

NEBRASKA HOMELESS ASSISTANCE PROGRAM

Instructions for Discharge Report

1. Circle, check or fill out information on the top of the form (report period, shelter or non-residential, reporting agency, grant number).
2. **Columns 1 & 2:** Enter the appropriate information in the name (Column 1) and gender (M - male, F - female, T - transgender) (Column 2).
3. **Column 3 & 4:** In the Race (Column 3) and Ethnicity (Column 4) columns, use the coding listed on page 2 of the form.
4. **Column 5:** List Date of Birth (Column 5) as noted on page 2 of the form.
5. **Column 6:** In the Discharging Facility column (Column 6), use the coding list on page 2 of the form.
6. **Column 7:** List Date of Arrival (Column 7).
7. **Column 8:** In the “Planned Discharge” column (Column 8), enter “Yes” if you were working with the discharging institution with a Planned Discharge. Enter “No” if you did not know the discharged individual was arriving at your facility.
8. **Column 9:** If “Yes” in the Planned Discharge column, provide a brief description of the plan in Column 9. It is not acceptable to discharge to an Emergency Shelter or Transitional Housing because those options are not permanent housing. An individual or family may be discharged to an Emergency Shelter if that agency also has a Transitional Housing program and the Transitional Housing program is part of a plan to permanently house an individual or family.
9. **Column 10:** In the “Action Taken” column (Column 10), enter the action taken (i.e., “Referred to ABC Agency for housing”).

Notes:

1. For correctional facilities, enter the name and location of the discharging facility.
2. For individuals aging out of foster care, enter only those who were immediately made homeless because of leaving a foster care.